

25X1

TRANSMITTAL SLIP		DATE April 14, 1978
TO: 		
ROOM NO. 1D15	BUILDING Headquarters	
REMARKS: <p style="text-align: center;">The attached list represents reports of injuries or illnesses received in this office for the first quarter.</p> <p style="text-align: center;"><i>File Safety</i></p>		
FROM: 		25X1
ROOM NO.		

FORM NO. 241
1 FEB 55REPLACES FORM 36-8
WHICH MAY BE USED.

(47)

SECRET

OLC

25X1	<u>Name</u>	<u>Date</u>	<u>Location</u>	<u>Nature of Injury</u>
	<div></div>	3 Mar 78	HQS 6D0120	Slammed finger in safe-- fainted

SECRET

*Indicates Accident Report Form 2652a received.

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